

COMMONWEALTH OF MASSACHUSETTS  
DEPARTMENT OF MENTAL HEALTH

Confidential Communication/Restriction Response Letter

Dear: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date: \_\_\_\_\_

The Department of Mental Health (DMH) has received your request for:

- ☐ Restriction on use and/or disclosure of Protected Health Information (PHI ). Copy of request form is attached.
- ☐ Your request is **approved**. Please see the attached request form for times when DMH may use/or disclose your PHI despite the restriction.
- ☐ Your request is **partially granted**. Specifically: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- ☐ Your request is **denied**. This decision is final and not subject to further review.

- ☐ Confidential Communication. Copy of request form is attached.
- ☐ Your request is **approved**. The following address or form(s) of communication will be used (must be completed): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- Note: There may be times when DMH will need to contact you at other known addresses and/or by other available means.
- ☐ Your request is **partially granted**. Specifically: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- ☐ Your request is **denied** because: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- (reason for denial must be given)  
This decision is final and not subject to further review.

You may file a complaint with: DMH Privacy Officer, 25 Staniford Street, Boston, MA 02114 (617) 626-8160 and/or the Office for Civil Rights, U.S. Secretary of Health and Human Services, JFK Federal Building, Room 1875, Boston, MA 02203

DMH Reviewer: \_\_\_\_\_

Address: \_\_\_\_\_